## (15/13/84

Department of Health Services

AZARDOUS WASTE MANAGEMENT BRANCH

14-744 P Street

UNIFORM HAZARDOUS WASTE MANIFEST

Sacramento, CA 95814 STATE ID NUMBER 83494051 lease print or type with ELITE type (12 characters per inch). GENERATOR NAME AND MAILING ADDRESS PARA PLATE 3242 E. OLYMPIC MANIFEST DOCUMENT NUMBER EPA ID NUMBER LOS ANGELES, CA. 213/268-4281 AX000036423 AREA CODE/PHONE NUMBER OMEGA CHEMICAL CORP. 12504 E. WHITTIER BLVD VEH/CONTAINER NO. 00042507CAD042245001 TRANSPORTER NO. 2/ALTERNATE TSD FACILITY EPA ID NUMBER TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY OMEGA CHEMICAL CORP. FILLED IN BY GENERATOR GADQ42245001 213/268-4281 AREA CODE/PHONE NUMBER WASTE DISP TOTAL UNIT UN/NA PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS WT/VOL NUMBER QUANTITY HAZARDOUS WASTE, LIQUID N.O.S FLEXOSOLVENT 020M211 A 9 1 89 ORM-E BE CONC. RANGE UNITS 2 COMPONENTS UPPER LOWER PERCHLOROETHYLENE PHOTO POLYMER RESIN N-BUTYL ALCOHOL SPECIAL HANDLING INSTRUCTIONS This is to certify that the above-named wastes are properly classified described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA MO. DAY 8,4 Printed or typed full name and signature Check if continuation sheet is used. Number of continuation sheets DATE MO DAY TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DE FILLED IN REC'D ACCEPTED 015 116 Printed or typed full name and signature Henry Stands DATE MO DAY REC'D & ACCEPTED 요요 Printed or typed full name and signature DISCREPANCY INDICATION SPACE FILLED Facility owner or operator. Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF grust complete, waste number. DATE RECEIVED & ACCEPTED DAY MO. 2 ₹ Printed or typed full name and signature